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ABSTRACT

This study attempted to determine the number of programs for Canadian students with behavioral disorders, identify practices currently used in these programs, and examine the availability of written program descriptions. A literature review provides information on: definition and prevalence (both in general and in Canada specifically); historical trends in service delivery; conceptual models (i.e., biogenic, psychodynamic, psychoeducational, humanistic, ecological, behavioral, and social cognitive); service delivery at the school district level; current trends and issues (i.e., the Regular Education Initiative, consultation, prereferral strategies, and transition programming); and service delivery research. School district administrators in 147 school districts were surveyed, of which 80 percent responded. Specific findings are given for the areas of definition, program design and operation, program philosophy, student identification, program goals, instructional methods and curriculum, community involvement, exit procedures, and program evaluation. Findings indicated that 85 percent of respondents do provide programming for students with behavior disorders. Over 40 percent of school districts have written program descriptions in the areas of program philosophy, student needs and identification, program goals, and program design and operations. Referral procedures tended to be well articulated, while instructional methods and curriculum, exit procedures, and evaluation plans are less formalized. (Contains 120 references.) (DB)

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RESEARCH IN BRIEF

Programs For Behaviourally Disordered Children and Youth

SSTA RESEARCH CENTRE REPORT: #94-08 DATE: Nov 1994

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This report is a summary of a thesis entitled **Cross-Canada Survey of Programs For Behaviorally Disordered Children and Youth** by Esther Shatz.

Children with behavioral disorders have long challenged professionals in the field of education. As a result of ever escalating numbers of referrals, Canadian school district level programming has increased substantially. Until now, however, there has been no attempt to describe these programs in the professional literature. This national study:

- establishes the existence of programs for behaviorally disordered students in Canada;
- identifies the practices currently in use by these programs; and
- examines the availability of written descriptions of the programs.

The current study is based on the 1985 study conducted by the American National Needs Analysis Project in Behavior Disorders (Grosenick et al., 1985). Survey research methodology was employed to gather the data. A 55 item adaptation of the Program Inventory (Grosenick et al., 1985), a program evaluation instrument, was sent to 147 school district administrators responsible for special education services from across the country.

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The present study yielded a response rate of 80%. The results of the study reveal that district-level programming for behaviourally disordered students does exist in Canada. Eighty-five percent of school districts surveyed indicated that they do provide programming for this population.

Current program descriptions are presented in terms of program philosophy; student needs and identification; goals; instructional methods and curriculum; community involvement; program design and operation; exit procedures; and evaluation, the components identified by Grosenick, George, and George (1990) as essential to a well conceptualized program. Findings from the present study indicate that Canadian school districts are beginning to describe their program practices. Over 40% of school districts have written program descriptions in the areas of program philosophy, student needs and identification, program goals, and program design and operations. Referral procedures are well articulated, while instructional methods and curriculum, exit procedures, and evaluation plans are less formalized. The results of this study, provide the "state of the art" in Canadian district-level programming for behaviorally disordered children and youth.

1. INTRODUCTION

Children with behavioural and emotional problems have long challenged and frustrated professionals. These children are often unpredictable and impulsive; abusive and destructive. They can defy authority and lash out with hostility and aggression or conversely, can be withdrawn isolates, frequently rejected by their peers. These are the children who are troubled, cause trouble, disrupt routines, and often make life difficult for themselves, for their parents, for other children, and for their teacher.

"Troubled and troubling" children (Hobbs, 1982) have been labelled throughout the years as, among others: seriously emotionally disturbed, behaviourally disordered, deviant, socially maladjusted, emotionally maladjusted, psychologically impaired, or emotionally handicapped. The variation and inconsistency evident with terminology is a reflection of the confusion found within the field of education for this population of children and youth. Professionals are not in agreement with respect to definition, prevalence, identifying characteristics, theoretical orientations, assessment techniques, etiology, or educational approaches (Hallahan & Kauffman, 1991; Winzer, 1991; Kauffman, 1989).

Although the term "seriously emotionally disturbed" is currently used in the United States federal legislation (Federal Register, 1977), the term "behaviourally disordered" is consistent with the term adopted by the Council for Children with Behaviour Disorders, a division of the Council for Exceptional Children, and is the term preferred by special education professionals (Huntze, 1985). For the purpose of this report, the term "behaviourally disordered" will be used to describe the children in question.

Regardless of the terminology, children presenting with behavioural disorders, consistently, over a prolonged period of time, are not rare, are demanding of teacher time, and are ultimately referred to school district special education

personnel.

During the last 20 years, in response to an ever escalating number of referrals, there has been a increase in public school programming for this population of exceptionality (Grosenick & Huntze, 1983; Bloomberg & Braaten, 1989). Programs for behaviourally disordered children and youth are typically described and evaluated at the classroom level, with a focus on the individual teacher's methods and intervention practices (Jones, 1987)

Programs, however, may also be examined from a broader perspective, where the focus is placed on describing the entire array of services school districts offer for the behaviourally disordered student population (Grosenick, George, & George, 1988). Program description at the school district level allows for an examination of program design and organization, as well as an examination of how the program interacts within school and community environments.

A thorough search of the literature reveals that there is a paucity of current literature relating to educational programming for behaviourally disordered children and youth at the school district level. While there are some American references, Canadian references in the area can be described as limited.

It is assumed that district-level programs do exist in Canada, yet no Canadian research is available describing current service delivery at this level. Furthermore, there are no Canadian journals encouraging educational research or publication specifically in the area of behavioural disorders. There is no Canadian organization expressly representing and supporting Canadian educators who work with behaviourally disordered students, and it is only recently that a Canadian has been appointed to sit on the board of the Council for Children with Behavioural Disorders. There are few textbooks available to education students providing a Canadian perspective to children with exceptionalities. Moreover, in a volume entitled Special Education Across Canada: Issues and Concerns for the 90's (Csapo & Goguen, 1989), there is no discussion regarding the issues and concerns of behaviourally disordered students.

In the wake of school district budget cuts and restraints, professionals responsible for programs designed for behaviourally disordered children and youth require a broad knowledge-base of current program practices, as well as a set of standards which represent the components of a well conceptualized program (Grosenick, George & George, 1987). This information, according to Grosenick and her colleagues (1987), can provide a framework from which school districts may develop comprehensive programming; can assess the differences between current program practices and that of a well designed program; and can provide direction for program growth.

1.1 The Research Problem

It is assumed that most Canadian school districts provide services for children and youth classified as behaviourally disordered. However, the lack of comprehensive program descriptions in the professional literature not only questions their existence, it also impedes the development of effective services for the behaviourally disordered school-aged population. Without complete program descriptions, educators do not have the resources to guide them in their efforts to design and replicate effective program models. Nor do they have a blue print for program evaluation (Grosenick, George & George, 1988). The current study has sought to establish the existence of district-level programs for behaviourally disordered children and youth in Canada, identify the practices currently in use by these programs, and examine the availability of written program descriptions.

2. LITERATURE REVIEW

In order to provide a perspective and context for the present study, this section reviews the literature pertaining to the field of education for behaviourally disordered children and youth. In doing so, the section consists of: sections reviewing definition, terminology, prevalence and historical trends, in both the United States and Canada; a summary of the conceptual models or theoretical approaches identified as having influenced the development of educational programming for children with behavioural disorders; a description of both current service delivery models as well as the trends and issues affecting service delivery for this population; and, provides an overview of the American and Canadian research related to programming for behaviorally disordered children and youth at the school-district level. The section concludes with a description of the current study, research questions, assumptions, limitations and delimitations.

2.1 Definition

2.1.1 Terminology

Throughout the professional literature, authors use a variety of terms to describe and characterize children who present with behavioural disorders. The terms found within the literature include that of seriously emotionally disturbed, behaviourally disordered, socially maladjusted, emotionally deviant, socially emotionally disabled, psychologically impaired, emotionally handicapped, and most recently emotionally/behaviourally disordered. The variation in terminology does not necessarily suggest a variety of distinct disorders. It does, however, imply a "wide range of problematic behaviour patterns" and reflects both the "extreme variation in the types of behaviour included under the general rubric 'disturbed' or 'disordered' and the conceptual confusion about such problems" (Kauffman &Kneedler, 1981, p.165).

The inconsistency and confusion in terminology is largely due

to: (a) the lack of consensus within the field as to what constitutes a behavioural disorder; (b) the many different conceptual theories and models of human behaviour explaining the etiology of behavioural disorders; and (c) the many social agencies responsible for those people exhibiting behaviour disorders (Kauffman & Kneedler, 1981; Smith, Wood & Grimes, 1988).

According to Knitzer, Steinberg, and Fleisch (1990), variations in terminology in the United States are merely reflections of state policy preference. Their survey results revealed that states use a total of 17 different terms to describe this population of exceptionality.

The term "seriously emotionally disturbed" is the term currently used in the United States federal "Individuals with Disabilities Act" (IDEA), formerly known as the Education for the Handicapped Act: Public Law 94-142. Since the laws' enactment in 1975, the term has been criticized. The criticism has focussed primarily on two issues.

First, as no other special education category requires the use of a modifier to describe it, professionals have objected to the use of the modifier "seriously" (Knitzer, Steinberg, & Fleisch, 1990). Second, the term "emotional disturbance" is considered to have negative connotations for teachers, parents, and students (Smith, Wood & Grimes, 1988), as well as being more stigmatizing than the term "behavioural disorders" (Huntze, 1985).

The dissatisfaction with terminology has caused considerable debate as to the most appropriate term to use in describing this category of exceptionality (Smith, Wood, & Grimes, 1988). In 1983, in response to professional and legal pressure, the American Congress commissioned a study to determine the significance of replacing the term "seriously emotionally disturbed" with the term "behavioural disorders." The ensuing report recommended that no change be made in terminology (Tallmadge, Gamel, Munson, & Hanley, 1985). Conversely, in their review of the literature regarding choice of terminology, Smith, Wood, and Grimes (1988) found that most professionals in the field argue for adoption of the term "behavioural disorders."

The Executive Committee of the Council for Children with

Behavioral Disorders, a division of the Council for Exceptional Children, also studied the terminology used within the field. In 1984, they presented a position paper in support of replacing the term seriously emotionally disturbed with the term behaviourally disordered (Huntze, 1985). It was their contention that "the term 'behaviourally disordered' is more descriptive, more accurate, more useful to educators in identifying and planning appropriate placements for students and more socially acceptable" than the term "seriously emotionally disturbed" (p. 3).

To date, attempts to clarify terminology have proven to be unsuccessful. Most recently, the Workgroup on Definition of the National Mental Health and Special Education Coalition, a group comprised of representatives from 30 professional mental health and special education organizations including the Council for Children with Behavioral Disorders, has adopted the term "emotional or behavioural disorder" (E/BD) to be included in the Individuals with Disabilities Act (Forness, 1988). The term is "intended not only to reduce restrictive aspects of previous terminology but also to stress the fact that behavioural manifestations of underlying emotional states need to be acknowledged particularly as early symptoms of severe disorders" (Forness & Knitzer, 1992, p. 15). The term nor its definition have yet to be adopted into American federal legislation. It is apparent, however, that within the field of behavioural disorders there is a definite need for labelling procedures that are more functional for assessment, evaluation, funding, and placement procedures (Smith, Wood, & Grimes, 1988).

2.1.2 Administrative Definition

Although numerous definitions of behavioural disorders appear throughout the literature (Algozzine, Schmidt, & Conners, 1978; Reinert, 1980; Kauffman, 1977; Kirk, 1972), currently there is no universally accepted definition.

Designing guidelines that will facilitate decisions about who is or is not behaviourally disordered has proven to be a difficult task. Kauffman (1989) suggests that "the marked differences in conceptual models; the differences in

the purposes of social agencies responsible for working with these children; the problems in how interpersonal behaviour is measured; the variability in normal behaviour; the confusing relationships among behaviour disorders and other exceptionalities; the transience of many childhood behaviour disorders; and the effect of pejorative assigning labels" (p. 26) all factor into the problem of constructing a definition. Heward and Orlansky (1992) in their discussion add that the differences in cultural expectations and norms for appropriate behaviour also contribute to the problem. All these confounding factors make it difficult to achieve consensus on a universally acceptable definition.

The definition that has had the greatest impact on the field of special education is based on the research conducted by Bower (1960). Bower's definition, with revisions, was adopted by the United States Department of Education as the definition for the category of special education referred to as "seriously emotionally disturbed". According to Public Law 94-142, this category of handicapping conditions is defined as:

> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.
>
> (a) An inability to learn which cannot be explained by intellectual, sensory and health factors;
>
> (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
>
> (c) Inappropriate types of behaviour or feelings under normal circumstances;
>
> (d) A general pervasive mood of unhappiness or depression; or
>
> (e) A tendency to develop physical symptoms or fears associated with personal or school problems.
>
> (ii) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted unless it is determined that they are seriously emotionally disturbed. (Federal Register, 42 (163), August 23, 1977, p. 42478 as amended in Federal Register, Vol. 46, 1981, p. 3866)

Bower's original definition does not include the final clause found in part (i)"...which adversely affects educational performance." Nor does he include the statements regarding

children who are schizophrenic or socially maladjusted found in part (ii) of the federal definition. It was not Bower's intention for a distinction to be made between emotional disturbance and social maladjustment. The five components of his definition were designed specifically as indicators of social maladjustment (Bower, 1982).

In view of these modifications, the definition has been widely criticized (Bower, 1982; Cline, 1990; Executive Committee of the Council for Children with Behavioral Disorders, 1987; Kauffman, 1989; Conrad & Shevers, 1983). The inclusions and exclusions added to the federal definition not only "...damage the integrity of the research and conceptual base from which the definition is drawn" (Bower, 1982, p.55), they are considered by Kauffman (1989) to "contribute to the under service of behaviourally disordered students" (p. 26).

The Executive Committee of the Council for Children with Behavioral Disorders (1987), in their position paper, finds that the federal definition does not provide direction to states and local school districts in determining which students are behaviourally disordered nor does it establish the use of fair, consistent, and verifiable identification procedures to guarantee a free and appropriate education. The definition ignores that children can be classified out of convenience or necessity and forces school administrators to overlook the needs of children they do not have the resources for. Kauffman (1989) summarizes the criticism and argues that the definition is "arbitrary, flawed, unreliable, and lacks the accuracy needed to eliminate the subjectivity from the decision making process" (p.26).

According to the the Executive Committee of the Council for Children with Behavioral Disorders (1987), the rules implementing Public Law 94-142 do not dictate their definition of seriously emotionally disturbed at the state or local level. A state's definition, in order to be eligible for federal funding, must be perceived as designating a group of children equivalent to those designated by the federal definition. A variety of definitions are therefore being used at the state level (Epstein, Cullinan, & Sabatino, 1977; Mack, 1980).

In their examination of state definitions, Epstein, Cullinan and Sabatino (1977) identified 11 common components of service-related definitions. They found that no state definition contained every component, some definitions contained as many as nine components, some as few as two. They concluded that there was no national consensus regarding the characteristics of the behaviourally disordered population.

Mack (1980) also studied state definitions. Her major conclusions included: (a) only seven states were using the term "seriously emotionally disturbed"; (b) only twelve states' criteria addressed all of the criteria contained in the federal definition; and (c) over two thirds of the states surveyed did not mention the term "social maladjustment", although the federal definition specifies the exclusion of that disability from the behaviourally disordered category.

The diversity in definition results not only in diversity of reliable identification practices but also creates problems in estimating prevalence, in identifying characteristics, in designing assessment instruments, in devising treatment and educational approaches, and in conducting, comparing and replicating research.

2.1.3 Canadian Definition

In Canada, with the exception of the Canadian Charter of Rights and Freedoms, entrenched in the Constitution Act of 1982, Section 15 (cited in Poirer, Goguen, & Leslie, 1988), there is no federal legislation that outlines or guarantees the rights of exceptional children. Consequently, the Canadian federal government has not established a definition of the behaviourally disordered student population. Education is a provincial and territorial responsibility and therefore, policy statements related to the educational rights of exceptional children may be found in provincial or territorial laws, regulations, and guidelines (Goguen, 1989).

Each province and territory has a mandate for special education service delivery that includes the category of behaviourally disordered. Currently, 10 of the 12 Canadian

jurisdictions have enacted province or territory specific definitions of this population of exceptionality (Dworet & Rathgeber, 1990). Ontario and Newfoundland have definitions similar to the United States Federal definition. Both these provinces do, however, include socially maladjusted students in their definitions. Of the 12 provinces and territories, eight allow local school systems to modify the provincial definition. Saskatchewan, Ontario, Prince Edward Island, and Newfoundland do not allow any modification. In British Columbia, the definition can be modified at the local level but must have Ministry of Education approval. In Manitoba, modification of the definition is required only when financial support from the Department of Education is being renegotiated (Dworet & Rathgeber, 1990).

2.2 Prevalence

Prevalence refers to the total number of individuals exhibiting a disorder in a given population and is expressed as a percentage of that population (Kauffman, 1989). It is impossible to assess the prevalence of any condition without specifying the signs of that condition, as well as the symptoms and behaviours which define the condition (Balow, 1979). As is made evident by this literature review, there are no commonly accepted criteria for defining behavioural disorders in school-aged children and youth. As a result, prevalence estimates of this population vary greatly.

Although the empirical base may be lacking (Balow, 1979), between the years 1955 and 1980, the United States Department of Education estimated that 2.0% of the school-aged population was "seriously emotionally disturbed". During the mid 1980's, they revised their prevalence estimate to range from 1.2% to 2.0% (Kauffman, 1989). Since the mid 1980's, the United States Department of Education has not published a prevalence estimate.

Prevalence rates, as reported in the research literature, have consistently been higher than the 2.0% American Department of Education estimate. In 1971, figures reported by state education offices varied from 0.5% to 15% (Schultz, Hiroshen, Manton, & Henderson, 1971).

Morse (1975) reviewed a number of surveys and found from 0.1% to 30% of the school-aged population was considered behaviourally disordered. In their longitudinal study, Rubin and Balow (1978) found: that 59% of the subjects were at some time during their school years considered as having a behaviour problem by at least one teacher; that in any given year, 20-30% of the subjects were considered by at least one teacher to be a problem; and that 7.4% of subjects were considered as having behaviour problems by every teacher who rated them over a period of three years.

Epidemiological studies suggest that anywhere from 7 to 12% of all children and adolescents may have symptoms significant enough to warrant intervention, though not necessarily special education (Brandenberg, Friedman, & Silver, 1987; Saxe, Cross, & Silverman, 1988). Of these, 3 to 5% are estimated to have severe behavioural disorders (Knitzer, 1982).

Hallahan and Kauffman (1991), in their review of prevalence studies, found that at least 6 to 10% of school aged children and youth exhibit severe, persistent behavioural problems. Following an analysis of prevalence studies, Kauffman (1989), "concluded that most children and youth do exhibit troublesome behaviour at some time during their development" (p.39). He also summized that "more than 2% of school-age children are considered by teachers and other adults, consistently and over a period of years, to exhibit disordered behaviour and to fit the federal definition of seriously emotionally disturbed" (p.39).

2.2.1 Canadian Prevalence Estimates

According to Winzer (1990), no systematic survey of behaviourally disordered children and youth has yet been attempted in Canada. Csapo (1981b) surveyed provincial and territorial responses to children with behavioural problems. She reports that only 3 out of the 12 provincial or territorial jurisdictions surveyed provided prevalence figures. Saskatchewan adopted the prevalence figure of 2%, based on the figure used by the United States Department of Education. Manitoba reported that the 3 to 5% figure they submitted includes only the most severe cases, and the

Yukon provided a figure of 12 to 20% (Csapo, 1981).

Dworet and Rathgeber (1990), in their follow-up to the Csapo survey, report that prevalence figures of children identified as behaviourally disordered receiving school services range from .0002% in Saskatchewan to 1.0% in Alberta, New Brunswick, and Newfoundland. The national average was reported as .49%.

These figures do not portray an accurate representation of the Canadian behaviourally disordered school population. It would seem highly unlikely that in 1988 the province of Saskatchewan, for example, would report 1 out of every 100,000 students as behaviourally disordered. Given the research prevalence ratio of 6 to 10%, it seems improbable that Saskatchewan statistics would be so low.

The prevalence figures presented in this review have been discussed in terms of the general category of behavioural disorders. Within this rubric, it is possible to identify numerous subclassifications and to discuss the prevalence of each (Kauffman & Kneedler, 1981). A discussion in this vein would provide a more accurate estimation of the behaviourally disordered school-aged population in Canada.

It has been hypothesized (Swanson, Shea, McBurnett, Potkin, Fiore, & Crinella, 1990) that the child most likely to present significant behavioural problems in the regular classroom is the child with Attention Deficit Hyperactivity Disorder. In Francis' (1992) prevalence study of Attention Deficit Hyperactivity Disorder in Saskatoon schools, she found that between 6 to 10% of the Saskatoon student population presented with Attention Deficit Hyperactivity Disorder.

On a larger scale, The Ontario Health Study (Offord, Boyle, Szatmari, Rae-Grant, Links, Cadman, Byles, Crawford, Munroe Blum, Byrne, Thomas, & Woodward, 1987) was conducted to estimate the prevalence of psychiatric disorders among 4 to 16 year old children in Ontario. The study reported the six month prevalence rate for children presenting with: (a) conduct disorder, as ranging from 1.8% to 4.1% in girls and 6.5% to 10.4% in boys; (b) hyperactivity, as ranging from 3.3% of girls and 7.3 to 10.1% of boys; (c) emotional disorder, as ranging from 10 to 14% of girls

and 5 to 10% of boys; and (d) somatization, as 10.7% of girls and 4.5% of boys. The overall six-month prevalence rate of one or more of these disorders, among children four to sixteen years of age, was found to be 18.1%.

It can be assumed from these epidemiological studies that prevalence figures of the general classification of behavioural disorders in Canada can indeed be projected to anywhere from 1.8 to 18% of the student population. It would appear that prevalence rates are considerably higher than the figures reported by Ministries of Education.

2.3 Service Delivery

2.3.1 Historical Trends in Service Delivery for Behaviorally Disordered Children and Youth

The history of special education for behaviourally disordered children and youth is documented throughout the literature. Several authors (Haring, 1982; Kanner 1962; Kauffman, 1976, 1989) present historical reviews tracing the roots of the field to Itard's 19th century moral treatment of Victor, the "Wild Boy of Aveyron". The strategies and procedures developed by Itard in the 1800's are considered to be the foundation for many of the contemporary strategies used in educating not only behaviourally disordered children but children in any category of the handicapped (Haring, 1982).

According to Kauffman (1976), during the 19th century, behaviourally disordered children were labelled as insane or as idiots and were committed to adult institutions. Superstition and bizarre assumptions were often the basis of their diagnosis and treatment. By the middle of the century, however, education was recognized as a viable treatment method. Schools were organized in asylums, and teaching methods such as individual assessment, structured environment, functional curriculum, and life skills training were developed (Haring, 1982). These educational programs were designed primarily for mentally retarded patients rather than for the behaviourally disordered. It was not until the 20th century that the methods designed for the retarded influenced

educational practice for children with severe behavioural disorders (Haring, 1982). By the culmination of the 19th century, psychiatry, psychology, and the mental health system assumed the responsibility for serving the needs of behaviourally disordered children (Paul & Warnock, 1980). The educational development of these children was thought to be peripheral to their therapeutic and medical treatment.

In their review of the changes that have occurred within the field, Paul and Warnock (1980) note that it was not until the early 1960's that public school systems accepted the responsibility for accommodating children with behavioural disorders. They attribute the shift in responsibility from mental health to education to several factors including: (a) the lack of mental health professionals, (b) a growing perception that psychiatric and institutional treatment was considered inadequate, irrelevant, and often inhumane, and (c) misgivings with the use of the medical model in working with behavioural disorders in children.

The failure of the mental health movement of the 1930's and 1940's to effectively treat behaviourally disordered children is accredited with providing the incentive for the development of special programs within public schools (Morse, Cutler & Fink, 1964). Mental hygiene programs, child guidance clinics, and psychiatric treatment facilities were unable to meet the needs of this population and were considered ineffective not only because of their lack of resources, manpower, and knowledge base but because they often removed the child from their home and community (Noel, 1982; Paul, 1985).

Although these programs proved unsuccessful, according to both Haring (1982) and Kauffman (1989), they had a strong influence on special education practices. The programs were able to broaden the focus of intervention to include mildly disordered children. They also established interdisciplinary collaboration which involved a team of professionals working directly with the child and the family. It is apparent that these early programs provided the framework for the educational development throughout the 1950's and 1960's.

During the 1950's and 1960's, school programs began developing rapidly. Theoretical approaches ranging from psychoanalytic to behavioural, contributed to the development of divergent educational practices. The emergence of both ecological and humanistic psychology also influenced intervention strategies and procedures that would be attempted in the classroom (Kauffman, 1989; Paul, 1985).

Many early programs suffered from the lack of a common set of characteristics or an accepted classification system for behaviourally disordered students (Knoblock, 1963), as well as from the lack of a common conceptualization of behavioural disorders and program orientation (Morse, Cutler, & Fink, 1964; Adamson, 1968). Early programs also lacked an empirical knowledge base regarding treatment and management (Noel, 1982).

The enactment of the United States Education for All Handicapped Children Act (Public Law 94-142) in 1975 had a significant influence on both special education and on service delivery for the behaviourally disordered school population. The law, which is reputed as being the most comprehensive piece of federal legislation in the field of handicapped legislation (Noel, 1982), mandates that all children with handicaps, including the "emotionally disturbed", receive a free, appropriate public education which emphasizes special education and related services designed to meet their unique needs. The law states that each handicapped child be educated in the least restrictive environment; that is, that children be placed in segregated settings only when their education cannot be achieved in the regular classroom. The law guarantees that students will not be excluded from schools or denied an appropriate education and are entitled to service delivery. Furthermore, the law requires that education systems "identify the problems and needs of children accurately to determine the most effective interventions and to delineate and implement a program to foster social and emotional growth" (Braaten, 1982, p.62).

The legislation has indeed had an impact on the education of handicapped children. Several authors (Apter, 1977; Noel, 1982), however, question the effect the legislation has had on the

service delivery to behaviourally disordered children. As mentioned earlier, the legislation has generated controversy in the areas of terminology and definition, prevalence, theoretical basis, as well as with the concept of education in the least restrictive environment.

Throughout the history of public school service delivery for behaviourally disordered children, the most salient factor has been the extent to which behaviourally disordered children have been underserved (Long, 1983; Knitzer, Steinberg & Fleisch, 1990; Walker, Reavis, Rhode & Jensen, 1985). In his review of public school involvement with disabilities, Lynn (1983) estimates that in 1930 there were 750,000 behaviourally disordered children in the United States who qualified for school-based services. Only 9,040 children received service. In 1977, two years after the enactment of Public Law 94 142, 1,026,340 children qualified for service with only 288,626 receiving it. Current data (Knitzer, Steinberg & Fleisch, 1990; Peacock Hill Working Group, 1991) reveals that in 1990 fewer than 1% of public school students in the United States were receiving services in this category. It is clear that significant numbers of children identified as behaviourally disordered continue to be denied services.

2.3.1.1 Canadian Historical Trends

The provision of educational services for behaviourally disordered children and youth in Canada, although not widely chronicled, parallels that of the United States. Winzer (1990) traces developments from the mid 1800s when reformatories, industrial schools, and refuges were founded to serve delinquent, neglected, and vagrant children. In 1870, compulsory, tax supported, public school systems were established in Canada. Children displaying inappropriate behaviour, however, were often suspended or excluded from the school system (Winzer, 1990). Gradually these children were included in segregated classes for the mentally retarded, brain injured, or the profoundly disturbed. By the 1950's, special education programs began to be developed specifically for children with mild and moderate behavioural disorders.

In the early 1970s, several national reports on education greatly influenced service delivery for children with behaviour disorders. Both the Commission on Emotional and Learning Disorders in Children (Roberts & Lazure, 1970) and the Standards for Education of Exceptional Children in Canada (Hardy, Mcleod, Minto, Perkins, & Quance, 1971) recommended that in view of the large numbers of children involved, the federal and provincial governments needed to assume responsibility for coordinated and comprehensive education services for all children with behavioural disorders. The scope and nature of these reports have resulted in increased services and teacher training.

2.3.2 Conceptual Models

A number of conceptual or theoretical approaches and ideologies have been identified that attempt to explain human behaviour and in turn, explain behavioural disorders (Rhodes & Tracy, 1975; Noel, 1982; Kauffman & Hallahan, 1981, Kauffman, 1989; Winzer, 1990; Heward & Orlansky, 1992). Within each model, the definition of a behavioural problem, and the goals and methods of intervention receive distinctive treatment. A brief summary of the conceptual models as outlined by Kauffman (1989) is included in this literature review to emphasize the theoretical orientations that have influenced the development of educational programming for children with behavioural disorders.

2.3.2.1 Biogenic Model

The biogenic, biological, or biophysical model is based on the assumption that disordered behaviour can be traced to physiological, genetic, or biochemical causes and is explained in terms of illness or disease. Treatment is described as adaptive rather than curative and includes the use of drug therapy, dietary control, exercise, and environmental modifications (Kauffman & Kneedler, 1981).

2.3.2.2 Psychodynamic Model

The basis of the psychodynamic or psychoanalytic model originated from dynamic psychiatry. In this model, a behaviour problem is considered to be a pathological imbalance between the dynamic parts of the personality. Deviant behaviour can be explained in terms of subconscious phenomena and inner turmoil. Biological and early environmental influences contribute to the pathological condition. Intervention relies on psychotherapy for the child and often for the parents. Understanding the unconscious motivation for behaviour is stressed because unless it is understood, the problem will not be solved; indeed, it is argued that surface treatment results in symptom substitution. Early educational programs for children with behavioural disorders were based almost exclusively on the psychodynamic model. Berkowitz and Rothman (1960) were most influential in expanding the model to include the teacher's role and specific classroom procedures. Educational interventions stress the importance of a permissive accepting teacher, psychotherapy for the child, and an environment where the child can freely express his feelings (Kauffman, 1989).

2.3.2.3 Psychoeducational Model

The psychoeducational model is concerned with "unconscious motivations and underlying conflicts (hallmarks of psychodynamic models) yet also stresses the the realistic demands of everyday functioning in school, home, and community" (Kauffman, 1989, p.81). The model is seen as an eclectic approach combining psychodynamic theory and prescriptive teaching (Kauffman & Kneedler 1981). Redl's "Life Space Interview" (Redl, 1959; Redl, 1966) and Morse's "crisis teacher" and "crisis intervention" (Morse, 1971) are significant components of the psychoeducational model.

2.3.2.4 Humanistic Model

Humanistic education evolved out of the counter theory movement of the late 1960's and early 1970's. The model reflects the work of the humanistic psychologists Abraham Maslow and Carl Rogers and incorporates the concepts of free-school, open-school,

alternative-school and deschooling. A classroom based on the humanistic approach would emphasize affective learning, "self direction, self-fulfillment, self-evaluation, and freedom of choice" (Kauffman, 1989, p. 81).

2.3.2.5 Ecological Model

The ecological model is based on the concepts of ecological psychology and on the work of European "educators" (Kauffman, 1989). This approach recognizes the need to study the child within his social context. Intervention is directed toward the child's social system which includes the home, the school, and the community. Project Re-Ed, a residential treatment plan for children with severe behaviour problems, developed by Nicholas Hobbs and his colleagues in the 1960s, is considered to be a significant example of the ecological approach (Kauffman & Kneedler, 1981).

2.3.2.6 Behavioral Model

The principles on which the behavioural model are based stem from the work of the behavioural psychologists Skinner, Pavlov, and Thorndike. The major premise of this approach is that behaviour is "a function of environmental events" (Kauffman & Kneedler, 1981 p.171). Disordered behaviour is not caused by a pathological condition but by inappropriate learning. Behaviour, therefore, can be changed by manipulating the consequences of those behaviours. Treatment is directed only at overt behaviours. Non-behavioural factors such as causation, feelings, and motivation are not considered in this approach. The model represents a natural science approach utilizing the principals of operant conditioning. The behavioural model has had an impact on the management, philosophy, and procedures used in programming for behaviourally disordered students since the late 1950's. Guidelines for programming stress a structured approach, clear directions, firm expectations, and consistent follow-through in applying consequences for behaviour.

2.3.2.7 Social Cognitive Model

Current literature reveals a shift in philosophy from the psychoeducational, ecological, and behavioural models towards social cognitive models. These models explain behaviour from a natural science perspective integrating what is known about the environment and behaviour with what is known about cognition and affective variables (Haring, 1982; Kauffman & Kneedler, 1981). Behaviour is defined in terms of continuous reciprocal interactions between cognitive, behavioural, and environmental influences (Bandura, 1977). Social cognitive theories recognize that environmental events do effect change in behaviour, but they do not do so in isolation. The model, therefore, emphasizes the role of personal agency, the ability of humans to use symbols for communication, to anticipate future events, to learn from observation and experience, to evaluate and regulate, and to self reflect (Kauffman, 1989). Behaviour, person variables, and the environment constantly influence each other in what is described by Bandura (1977) as a triadic reciprocality. It is the person variables, the ability to think, act, and exhibit self control, that are most conducive to pedagogical interventions. The goal of social cognitive interventions is to have students observe, learn, produce, and practice approved behaviour. Intervention techniques based on the social cognitive model include self-instruction training, self-talk, self-control training, anger management, rational emotive therapy, and cognitive therapy.

2.3.3 Service Delivery for the Behaviourally Disordered Student at the School District Level

2.3.3.1. Continuum of Services Model

In both the United States and Canada, special education service delivery at the school district level for behaviourally disordered students traditionally consists of a continuum of services or placement options (Paul, 1981; Poirer, Goguen & Leslie, 1988; Grosenick & Huntze 1983). The Cascade of Services Model described by Reynolds (1962) and Deno (1970) replaced a two-box system in which regular and special education were considered to be unique and separate educational organizations (Rizzo &

Zabel, 1988). A variety of placement services is now widely accepted as a basic feature of special education service delivery (Kirk, 1972; Paul, 1981; Grosenick & Huntze, 1983; Peterson, Zabel, Smith, & White, 1983; Jones, 1987).

The Cascade Model suggests that educational services exist along a continuum and are defined in terms of their restrictiveness in relation to the regular or mainstream setting. Children are given the opportunity to move sequentially between the programming alternatives as their needs change. Typically services include: the regular classroom with special support services; the special education resource room; the special education self contained classroom; special day schools; day treatment programs; residential treatment centres; in-patient psychiatric hospitals; and homebound instruction (Deno, 1970; Paul, 1981; Knitzer, Steinberg, & Fleisch, 1990). The itinerant specialist, the crisis teacher, and the teacher aide or associate roles were developed to work within the model. Their task is to work with individuals and/or small groups of children, usually outside the regular classroom, addressing particular behavioural or academic needs, in consultation with regular classroom teacher (Paul, 1981).

The cascade or continuum of services concept has been incorporated into the laws and regulations governing special education and is the basis for the implementation of the least restrictive environment principle. School systems utilize the model for the organization of special education services and for determining appropriateness of placements (Peterson, Zabel, Smith, & White, 1983). The exact organizational arrangements of services, the placement alternatives, funding allocation, staffing patterns, identification criteria, and entrance and exit procedures vary notably from one school district to another.

According to the 11th Annual Report to Congress during the 1986-1987 school year, 10% of American children identified as behaviourally disordered were educated solely in regular classrooms, 35% were educated in resource rooms for at least part of the day, while 37% were educated in self contained, separate classrooms, sometimes with children with other handicapping

conditions and often only with other behaviourally disordered students. Of the 18% of behaviourally disordered children who were not educated within their regular schools, 12% were placed in segregated day school or treatment settings, 4% were in residential placements, 2% were in correctional facilities, and the remainder were educated in in-patient hospitals or homebound instruction programs (as cited in Knitzer, 1990). Similar Canadian data is not currently available in the literature.

2.3.4 Current Trends and Issues Affecting Service Delivery

2.3.4.1 Regular Education Initiative

The Regular Education Initiative (REI) has generated significant debate in both the areas of special and regular education. The REI is considered to be a response to problems identified within the education system for educating low performing children (Jenkins, Pious, & Jewell, 1990; Will, 1986). The goal of the initiative is for regular education to assume the primary responsibility for educating all students in the mainstream of public schools (Davis, 1989). The advocates of the REI (Gartner & Lipsky, 1987; Pugach, 1987; Reynolds, Wang, & Walberg, 1987; Stainback & Stainback, 1984) call for a merging of regular and special education into a unitary, nondiscriminatory, cost efficient system to meet the unique needs of all students.

The implications of the REI on behaviourally disordered students, on teachers, and on nonhandicapped students are indeed controversial (Kauffman, 1989). Professionals in the field of educating behaviourally disordered students (Braaten, Kauffman, Braaten, Polsgrove & Nelson, 1988; Executive Committee of the Council for Children with Behavioral Disorders, 1989; Algozzine, Maheady, Sacca, O'Shea, & O'Shea, 1990) share concerns regarding the inadequacies of current special education practices and policies. Braaten and his colleagues (1988), however, argue that the REI as it has been proposed, jeopardizes the services available to behaviourally disordered students. Furthermore, it is

their contention that "reform proposals have been presented without considering available data or their political or pragmatic ramifications" (p. 22). Integration of behaviourally disordered students and their right to treatment within a continuum of services are issues identified as requiring further investigation within the framework of special education reform (Braaten, Kauffman, Braaten, Polsgrove, Nelson, 1988).

2.3.4.2. Consultation

Consultation is by no means a novel topic in the area of special education. Although it emerged as a form of service delivery for children with behavioural disorders and learning problems in the early 1970's, consultation first originated as part of the service offered to children with speech, language, hearing, and visual impairments (Lilly & Givens-Ogle, 1981). The first direct reference in the professional literature regarding teacher consultation as a service delivery model for mildly handicapped students was provided by McKenzie, Enger, Knight, Perelman, Schieder, and Garcia (1970) describing the Vermont Teacher Consultation Program.

Consultation is generally characterized as a triadic service delivery system (Tharpe, 1975), involving the exchange of information from one highly skilled professional (the consultant) to another (the consultee), responsible for a client's welfare (Idol-Maestas, 1983). In the school setting, the consultative triad typically involves a special education teacher or behavioural or learning specialist, interacting in a professional relationship with a regular classroom teacher in a matter concerning a specific student for whom the regular teacher has primary responsibility (Idol & West, 1987).

In the last decade, there has been an increasing emphasis placed on using consultation as an alternative special education service delivery option for maintaining students with mild behavioural disorders within the educational mainstream (Lilly & Givens-Ogle, 1981; Polsgorve & McNeil, 1989).

To improve the consultation process and to remove the perception that consultation is an expert based model, advocates

of school consultation have begun to emphasize that contemporary consultation must incorporate collaboration among multidisciplinary personnel. Collaborative consultation has thus emerged as a current trend in special education service delivery.

Special educators frequently discuss collaboration in relation to team meetings, to conferences with parents, and to interactions with colleagues (Cook & Friend, 1991). Idol, Paolucci-Whitcombe, and Nevin (1986) define collaborative consultation as "an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems. The outcome is enhanced, altered, and produces solutions that are different from those that individual team members would produce independently. The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context, thereby enabling them to achieve maximum constructive interaction with their nonhandicapped peers" (p.1).

In view of the increasing numbers of students whose needs are inadequately being met by existing special education programs (Phillips & McCullough, 1990), the diversity among students with behavioural disorders, and the increase of specialized knowledge necessary in working with these students, collaborative consultation will become a critical feature of future service delivery systems.

2.3.4.3 Pre-referral Strategies

Pre-referral strategies are intervention strategies implemented in the general education environment prior to the referral of students to special education services (Lloyd, Crowley, Kohler & Strain, 1988). They affect service delivery for behaviourally disordered students in that they emphasize that attempts should be made to solve students' behaviour problems using the resources available in the regular program before considering special education placement (Rizzo & Zabel, 1988).

The pre-referral process includes: the direct observation of student behaviour within the classroom context; the involvement of a multidisciplinary team consisting primarily of regular education

teachers and related services personnel; a functional assessment and evaluation focus; and a least restrictive environment perspective (Executive Committee for the Council for Children with Behavioral Disorders, 1989). Placement decisions are made by a team of individuals "who force accountability and clear demonstrations of the student's learning and behavioural strengths and weaknesses" (p. 272).

The results of pre-referral intervention strategies provide assessment information useful in determining a student's eligibility for services and in determining the type of services required by the student. Pre-referral strategies can also avoid premature labelling and segregation of students.

Research suggests that pre-referral strategies can reduce the number of inappropriate referrals to special education and improve academic and behavioural performance while maintaining students in less restrictive environments (Council for Children with Behavioral Disorders, 1989b; Graden, Casey & Christianson, 1985). These strategies have the potential to make services available to students who exhibit behaviour problems rather than only those students classified as behaviourally disordered.

2.3.4.4 Transition Programming

Providing appropriate secondary special education programs that include transition services has become a priority in special education service delivery (Rusch & Phelps, 1987). Transition from school to work and adulthood is often difficult for behaviourally disordered adolescents. Many lack the basic academic and social skills that are required by employers and their behaviour is such that they are not accepted by co-workers (Hallahan & Kauffman, 1991).

Mildly handicapped students, specifically those with behavioural disorders, are reported to drop out of secondary school at a rate of 42% (Edgar, 1987). Almost one-third of behaviourally disordered students after leaving school are neither working or attending school (Neel, Meadows, Levine & Edgar, 1988) and approximately 40% are likely to have criminal records shortly

after leaving school (Jay & Padilla, 1987, as cited in Knitzer, Steinberg, & Fleisch, 1990). The literature indicates that special programs lack (a) appropriate vocational assessment, (b) career related objectives and transition plans in IEP's, (c) counselling and career planning services, (d) parental involvement, (e) comprehensive work experience placements, and (f) cooperative programming with outside agencies to support the transition from high school to employment (Rusch & Phelps, 1987). Without suitable and effective preparation and training, employment opportunities for adolescent students with behavioural disorders and their subsequent successful adjustment to adult life will be limited.

2.4. Service Delivery Research

2.4.1 Early research

Morse, Cutler, & Fink (1964) provide the only complete analysis of early programming for the "emotionally disturbed" found in the research literature. The purpose of their study was to describe existing programs and to examine the effects of these programs on the children served. Their research, primarily descriptive in nature, attempted to explore prominent themes of programming, classroom practices, attitudes of teachers, teacher training and background, student perceptions, and underlying theoretical orientation. Most notably, their intention was to stimulate needed, detailed research in the area of programming for behaviourally disordered children and youth (Morse, Cutler & Fink, 1964).

The authors of the study cite the absence of reasonable definitions for both the terms emotional disturbance and public school programs; the nature and method of data collection; time constraints; test re-test reliability data; adequate records; the utilization of several on-site observers; and, the use of open-ended responses as limitations to their study. Their findings provide a baseline of descriptive information.

Morse et al. (1964) surveyed 227 programs serving emotionally handicapped students in the United States. In 1964, this represented approximately 75% of the public school programs for

emotionally handicapped students in the United States. One hundred and seventeen programs responded. Fifty-four of the respondents were selected for on-site visits.

Early school services were found to be primarily self-contained classrooms. Respondents identified the theoretical or philosophical orientation of the programs to be psycho-educationally based. The study revealed a lack of specific pattern and uniformity in approach and identified the need for a consistent conceptual system of understanding among professionals (Morse, Cutler & Fink, 1964).

The programs described were teacher directed. Teachers were responsible for philosophical framework, for program implementation, and for curriculum regardless of any formal training in the area of emotional disturbance. Findings indicated that although extensive intake and placement procedures were developed for most programs, exit criteria appeared vague and informal. No program analyzed had developed an evaluative method with which to measure its success or failure.

2.4.2 Current Research

The majority of school programs for behaviourally disordered children have come into existence since 1964. In an attempt to evaluate these services and to locate comprehensive descriptions of programs designed for the behaviourally disordered, Grosenick and Huntze (1983) conducted an extensive review of the professional literature. They concluded that although quality programs are likely to exist in the United States, they are not adequately described in the literature. According to their analysis, the literature does not include a review of current program practices nor does it contain a validated set of standards outlining the elements of a well-designed program (Grosenick, George & George, 1987).

In view of the void in the literature base, Grosenick and her colleagues (1987) undertook the National Needs Analysis Project in Behavioral Disorders. The purpose of the project was to examine the plan and design of district-wide services for seriously emotionally disturbed students in the United States.

The investigation included the development of a conceptual scheme or framework for describing and evaluating programs in behavioural disorders. The conceptual scheme consisted of eight components: (1) philosophy; (2) goals; (3) student identification procedures; (4) curriculum and instructional methods; (5) community involvement; (6) program design and operation; (7) exit procedures; and (8) evaluation.

The Program Inventory (Grosenick, et al., 1985), a program assessment instrument, was developed around these eight components. Development of the Program Inventory provided the means to survey the plan and design of program services and to assess the availability of written program descriptions.

One hundred and ninety-two special education administrators across 27 states were surveyed regarding their program practices using this instrument. One hundred and forty-five districts returned the questionnaire, representing 76% of the total sample. Respondents were distributed proportionally across the geographical census areas of the United States. School district populations were represented by both small (350 total population) and large (95,000 total population), serving from 3 to 2,000 behaviourally disordered students. Prevalence of behaviourally disordered students within the sample ranged from .065% to 8.57%. Districts in the sample represented both rural districts (65.5%) and urban centre districts (34.5%) (Grosenick, George & George, 1988).

From the data collected, project staff presented findings describing the design of services in programs; the philosophy and goals within the programs (Grosenick, George, & George, 1987); the availability of program descriptions (Grosenick , George, & George, 1988); and compared their results to those of Morse, Cutler and Fink (1964) (Grosenick, George, & George, 1987). The findings of the National Needs Analysis Project (Grosenick, George, George & Lewis, 1991) illustrate that programs are beginning to describe their program practices in greater detail, however, most have not begun the task of program evaluation. The National Needs Analysis Project (Grosenick, George, George & Lewis, 1991) urges administrators to evaluate their programs and

to report their findings in the professional literature.

Most recently, although not directed specifically at district-level programming, Knitzer, Steinberg, and Fleisch (1990) provide a detailed examination of programs and policies for children with behavioural disorders in the United States. Their study explores the ways in which schools and mental health agencies attempt to meet the needs of students identified as having behavioural disorders. Their findings are based on two national surveys developed with assistance from both the National Association of State Directors of Special Education and the State Mental Health Representatives for Children and Youth. The surveys were completed by both state directors of special education and child mental health officials. The study also included site visits to 26 programs in 13 states; reviews of written program materials and phone conversations with staff from 130 programs across the United States; as well as 200 responses to a parent questionnaire, and an in-depth review of the policy and research literature.

The study sought information regarding school-based or school-related program models; parent involvement; current policies and programs encouraging multi-agency responses; current state policy initiatives, and how these policies may be problematic in delivering service; the use of early identification procedures; the effects of mainstreaming as viewed by regular education teachers, principals and school board members; and the advocacy efforts existing on behalf of children with behavioural disorders.

From their data, Knitzer, Steinberg and Fleisch (1990) make recommendations premised on the finding that 70% of children identified as exhibiting behavioural disorders were either placed in resource rooms or self contained classrooms in regular public schools, many of these with programming considered to be inadequate or inappropriate. Their recommendations fall into ten general areas and include suggestions for local, state, and federal levels of education.

2.4.3 Canadian Research

As is evident from this overview, there is a paucity of professional literature describing programming for behaviourally disordered students at the school-district level in Canada. Similar to the American data base, (Grosenick & Huntze, 1983; Lakin, 1983; Grosenick, George & George, 1988), the Canadian data base is best described as limited.

Upon conducting a thorough search, the only Canadian study found describing district-level programming was conducted by Laycock and Findlay in 1969. The purpose of their study was to describe the existing state of educational provisions for behaviourally disordered students in the schools of British Columbia. Using a forty item questionnaire, they surveyed fifty-four school district superintendents responsible for the eighty-two school districts of British Columbia during the 1968-69 school year.

The results of their study led to specific recommendations at all levels of intervention, aimed at every facet of education for this population. The recommendations dealt with definition, labelling, early identification, team-based diagnosis, educational objectives, establishment of special classes, hiring of supportive district personnel, selection of teachers, inservice education of teachers, training of counsellors, school psychologists, remedial teachers, and remedial consultants, cooperation between schools and treatment centres, the need for increased financial aid from the Ministry of Education to smaller school districts, and the acceptance of responsibility by school districts for the education of behaviourally disordered children coupled with the development of policy guideline for their education (Laycock & Findlay, 1969).

Laycock and Findlay (1969) reported that 65% of the school districts in British Columbia did not have a definite policy concerning the education of behaviourally disordered children and that there was a great deal of variation in definition and placement procedures between school districts. Furthermore, they reported that only 19% of school districts operated separate special classes for behaviourally disordered students and that 42% had special classes for learning disabled students that often

included behaviourally disordered children. These classes were considered to be rehabilitative and students were expected to return to the regular classroom. The success rate reported varied from 40 to 50% of children returning to the regular class in the first year of attendance, 80% the second, while 95% of the children returned by the third year of the program.

All the school districts surveyed reported that their preference would be to maintain behaviourally disordered children in the regular classroom if adequate support services were available. Consultants were available to work with teachers who had behaviourally disordered in their classrooms in 87% of the districts. Additional services that would best meet the needs of behaviourally disordered students were identified as psychiatric and mental health services (25%), special classes for behaviourally disordered students (15%), and school psychologists (12%). The medical model was considered paramount in the provision of services by one quarter of the respondents.

To measure the expansion of services for behaviourally disordered children in British Columbia at the school district level during the following decade, a survey replicating the Laycock and Findlay (1969) study was conducted by Csapo (1981a). Four additional questions reflecting the changes in the Ministry of Education guidelines were added to include rehabilitation classes at the elementary level, exclusion of behaviourally disordered children from learning assistance centres, existing support services outside the jurisdiction of the Ministry of Education, and the possible differences in policy in the provision of services between the elementary and secondary school levels. Surveys were sent to 78 administrators responsible for coordinating special education services in their respective school districts. Respondents were superintendents, directors or coordinators of special education, or supervisors.

When comparing the results of the two studies, Csapo (1981a) reports changes in most of the areas surveyed. In 1981, 53% of school districts addressed the task of establishing policy guidelines for the provision of services for behaviourally disordered students at the district level. In 1969, there were 16

special classes for behaviourally disordered children in British Columbia. In 1981, 75% had rehabilitation classes, 49% had classes for the severely handicapped, and 14% had classes for the mildly handicapped. Csapo (1981a) reports that the emphasis from psychiatric/psychological assessment had shifted to educational/psychological. No one teaching method was reported as being in use by Laycock and Findlay (1969) however, 36% percent of the classes surveyed in 1981 used behavioural methods of teaching.

Dworet and Rathgeber (1990) undertook a study that provides a description of provincial/territorial responses to behaviourally disordered students in Canada. The study, undertaken in 1988, was a replica of the one completed by Csapo in 1981. The purposes of the Dworet and Rathgeber study were to describe programs for behavioural disordered students as mandated at the provincial/territorial level, to compare these descriptions with those from the Csapo (1981) study, and to make recommendations for future actions (Dworet & Rathgeber, 1990). Both studies utilized a 19 item questionnaire adapted from Hirshoren, Schultz, Manton, and Henderson (1970). The sample of both studies consisted of the 12 provincial/ territorial directors of special education or their designates. In both studies there was a 100% return rate. Topics examined were definition, prevalence, services available, standards prescribed by provincial law or regulation, percentage of behaviourally disordered students returned to regular classes during a one-year period, mode of service, assessing program effectiveness, funding, and requirements of special training for teachers.

Defining the population of behavioural disordered pupils proves to be an on going source of difficulty in this country. Csapo (1981b) reported that in the early 1980's, only 6 of the 12 jurisdictions had official definitions. By 1988, 10 of the 12 jurisdictions had developed official definitions, however, the 10 jurisdictions with definitions provided 8 different definitions.

Services, as reported by Dworet and Rathgeber (1990), available in each of the provinces generally reflect the continuum of services model and include the special class, resource room, crisis intervention, itinerant teacher, academic tutoring,

homebound instruction, guidance counsellor, social worker, school psychologist and psychiatric consultation. Some jurisdictions place restrictions on the range of services available. For instance in both Newfoundland and the Northwest Territories, the utilization of full time self-contained classrooms is prohibited. In Nova Scotia, the full time self-contained classroom is an option but discouraged at the provincial level. In Prince Edward Island, although not prohibited, there is only one such classroom, located at a psychiatric treatment centre.

In the 1981 study, specific procedures to determine eligibility and placement for services were outlined in six jurisdictions: Alberta, British Columbia, Newfoundland, Ontario, Saskatchewan, and the Yukon. Dworet and Rathgeber (1990) reported that in 1988, all 12 jurisdictions had developed formal procedures for eligibility and placement. The process usually involves a multidisciplinary team lead by a coordinator of special education or a supervisor of student services. Both Saskatchewan and Nova Scotia reported that a psychiatric evaluation was required as part of the assessment process.

In 1981, 10 out of 12 jurisdictions reported that there had been no provincial program to assess program effectiveness since the early 1970's. By 1988, four jurisdictions required some form of program evaluation.

Dworet and Rathgeber (1990), report that all 12 jurisdictions provide some form of funding for special education programs. All jurisdictions reported that funds are available in the form of a block grant for all special education or in the form of a categorical grant. Block funding was found to be the most common form of funding across Canada.

Both studies queried provincial and territorial jurisdictions regarding the requirements of special training for teachers of children with behavioural disorders. In 1981, Ontario, Manitoba and Newfoundland were the only provinces that required special education qualifications before applying funding. In 1988, 6 jurisdictions, Manitoba, Newfoundland, Nova Scotia, Ontario, Quebec, and Saskatchewan require university course work in special education for their teacher licensing requirements. In

Newfoundland, specific training is required to teach in the area of behavioural disorders.

Like the Csapo study (1981a), the Dworet and Rathgeber (1990) study indicates that the local school district is the predominant mode for organization and delivery of special education services to behaviourally disordered students in Canada. Alberta, British Columbia, New Brunswick, Newfoundland, Nova Scotia, Ontario and Saskatchewan have local school boards responsible for the programs. Manitoba and Quebec are reported to have shifted from the exclusive use of local school districts to allowing districts to form joint agreements to serve these students. Prince Edward Island has moved from provincial control and the involvement of private organizations to control by individual school districts.

2.5 The Present Study

The present study is based on a similar study conducted by the National Needs Analysis Project in Behavior Disorders (Grosenick et al., 1985). The intent is not to replicate the American study, but to facilitate future comparisons on similar variables.

Until now, there has been no attempt to describe Canadian school district level programming for behaviourally disordered students in the professional literature. This national study, essentially one of a fact finding nature surveyed a sample of Canadian school districts to (a) establish the existence of district-level programs for behaviourally disordered children and youth in Canada; to (b) identify practices currently employed by these programs in terms of program philosophy, student needs and identification, goals, instructional methods and curriculum, community involvement, program design and operation, exit procedures, and evaluation, as defined by the Program Inventory (Grosenick, et al., 1985); and to (c) examine the availability of written program descriptions which describe the programs in terms of program philosophy, student needs and identification, goals, instructional methods and curriculum, community involvement,

program design and operation, exit procedures, and evaluation, again as defined by the Program Inventory (Grosenick et al., 1985).

Rather than implementing statistical analyses the results of the current study are presented as a descriptive profile. Provincial data was acquired by the researcher however, for the purposes of this study, to ensure adequate cell size and to limit the scope and length of this document, the data were collapsed into 3 provincial regions: western, central and eastern. The western region consists of British Columbia, Alberta, Saskatchewan, and Manitoba. The central region consists of Ontario and Quebec and the eastern region consists of New Brunswick, Nova Scotia, Newfoundland and Prince Edward Island. Provincial data will be used in a subsequent study. Both national and regional results of the current study are presented. Survey responses according to school district size and location are included in Appendices D and E.

2.6 Research Questions

2.6.1 Research Question #1

2.6.1.1 Rational

The first research question will explore the existence of district-level programs for behaviourally disordered children and youth across Canada and descriptively compare the existence of programs between regions, between small medium and large school districts, and between those school districts found in metropolitan and non-metropolitan locations.

2.6.1.2 Question 1

The first research question consists of two parts:
1.a. Do Canadian school districts provide programs for children and youth classified as behaviourally disordered?; and,
1.b. How does the availability of programs for behaviourally disordered children and youth compare between regions, between small medium and large school districts, and between those located

in metropolitan and non-metropolitan areas?

2.6.2 Research Question #2

2.6.2.1 Rational

The second research question identifies the practices currently employed by the district-level programs for behaviourally disordered children and youth identified in terms of program philosophy, student needs and identification, goals, instructional methods and curriculum, community involvement, program design and operation, exit procedures, and evaluation and compares those practices by provincial region, by size of school district, and by location of school district.

2.6.2.2. Question 2

Question 2 also consists of two parts:

2.a. What practices do Canadian school district-level programs for behaviourally disordered children and youth currently employ?; and,

2.b. How do these practices compare between regions, between small, medium and large school districts, and between school districts located in metropolitan or non-metropolitan areas?

2.6.3 Research Question #3

2.6.3.1 Rational

The third research question examines the availability of written program descriptions. Program descriptions refer to an official school district document describing the program for behaviourally disordered children and youth in terms of philosophy, students' needs and identification, goals, instructional methods and curriculum, community involvement, program design and operation, exit procedures, and evaluation. It is well established in the professional literature (Grosenick, George & George, 1988; Edmonds, 1979; Bickel & Bickel, 1986; Hollister & Goldston, 1962; McCauley, 1977, Jones, 1987) that these eight rubrics are necessary for a well designed education program.

2.6.3.2 Question 3

The third research question consists of two parts:

3.a. Are program descriptions describing Canadian school district-level programs in terms of philosophy, student needs and identification, goals, instructional methods and curriculum, community involvement, program design, and operation, exit procedures, and evaluation, available in written form?; and,

3.b. How does the the availability of written program descriptions for Canadian school district level programs for behaviourally disordered children and youth compare between regions, between small, medium and large school districts, and between those located in metropolitan and non metropolitan areas?

2.7 Assumptions

1. It is assumed that not withstanding the differences between the provincial definitions of the term behavioural disorder, respondents will interpret these definitions as equivalent.

2. It is assumed that respondents would interpret the survey items as intended and would respond truthfully and accurately.

3. It is assumed that the sample represented Canadian school district personnel responsible for programs for behaviourally disordered children and youth and that their responses reflected their perceptions of the programs.

2.8 Limitations

The following limitations apply to the study:

1. Unlike the United States, education in Canada falls under provincial/territorial jurisdiction. Therefore, excluding the The Charter of Rights and Freedoms, Section 15 (as cited in Poirer, Goguen, & Leslie, 1988), there is no federal legislation that specifically outlines the rights of exceptional children. Furthermore, there is no accepted consistent national definition of children presenting with behavioural disorders nor is there accepted terminology describing this population. The vagueness and

lack of consensus regarding definition and terminology is limiting when attempting to (a) describe programs for the population, and (b) compare programs within a province, region, or across the country.

2. The study is limited in the sense that only a finite number of questions could be included in the research instrument and that areas of interest and concern may have been overlooked.

2.9 Delimitations

1. The study is delimited in its "national" context in that school districts from the Yukon and Northwest Territories were not included in the sample; nor were school districts classified as French speaking.

3. METHODOLOGY

The purpose of this national study was to investigate and describe Canadian school district-level programming for behaviourally disordered children and youth. Specifically, the study (a) established the existence of programs in Canada; (b) identified the practices currently in use by these programs, and (c) examined the availability of written descriptions of the programs. Survey research methodology was employed to gather the data. Both national and regional results were presented. Results were also compared by the size and by location of school districts. The study was based on the 1985 study conducted by the National Needs Analysis Project in Behavior Disorders (Grosenick et al, 1985). The intent was not to replicate the 1985 American study, but to facilitate future comparisons on similar variables.

The sampling frame used for the study was derived from a directory of Canadian school districts published by the Canadian Education Association (1991). Respondents were school district administrators responsible for special education services or their designates. Due to prohibitive translating costs, those school districts listed in the directory as French speaking were excluded from the study. Due to government restructuring in both the Yukon and the Northwest Territories, school district listings were not available and were, therefore, not included in the sample. School districts with a student population less than 500 were also excluded.

A stratified random sampling technique was used to identify school districts for the study. The sample was stratified in terms of (a) province, (b) size of school district: small, medium, and large and (c) location of the school district: metropolitan or non metropolitan. Within each province, school districts were classified as small, medium, or large and whether they were located within a metropolitan or non metropolitan area. A 25% sample of school districts was randomly drawn from each subsample; where warranted cell numbers were rounded up. A total of 147

school districts made up the research sample.

A 55 item adaptation of the Program Inventory, an American program evaluation instrument developed by the National Needs Analysis Project in Behavior Disorders (Grosenick et al, 1985), was used as the research instrument. The format of the original questionnaire was maintained and survey items were organized in terms of the eight components identified by Grosenick, George, and George (1990), as essential to a well conceptualized program. Prior to being implemented the survey was field tested by four Saskatoon administrators responsible for programs for behaviourally disordered students.

The implementation of the survey followed a design method recommended by Dillman (1984). It consisted of an initial mailout and two separate follow-ups.

Of the 147 surveys sent out, 117 were returned. The majority of the data collected were analyzed using the SPSS-X suite of programs. The frequency program was run for all but open-ended questions. To ensure adequate cell size, and to limit the scope and length of the study, the 10 provinces were collapsed into 3 regions: western, central, and eastern. Frequencies were calculated and comparisons were made in percentages between regions; between small, medium and large school districts; and between school districts located in metropolitan and non-metropolitan areas. Open-ended questions were analyzed by categorizing responses and calculating frequencies.

To test for sample bias, a random sample of non respondents was contacted by telephone and asked a random selection of survey items. Upon analysing the data, it was determined that the responding group was an unbiased sample of Canadian school districts.

4. SUMMARY OF RESULTS

The present study yielded a response rate of 80%. Of the 117 returned survey forms, 116 were included in the analysis of data. Sixty-eight (or 58.6%) of the 116 returned surveys were from small school districts; 17 (or 14.7%) from medium sized school districts and 31 (or 26.7%) were from large school districts. Thirty school districts (or 24.1%) of the total sample were reported as being from metropolitan areas, while 86 (or 74.1%) were reported as non-metropolitan. Respondents were predominately consultants (supervisors of special education; special education consultants; coordinators of special education, behavioural specialists, psychologists, school counsellors, principals, or special education teachers rather than superintendents or directors) with 1 to 5 years experience. The majority of respondents rated their knowledge of their programs as sound.

The results of this study reveal that district-level programming for behaviourally disordered children and youth does exist in Canada. One hundred school districts, or 85.5% of the returned surveys indicated that they do provide some type of programming at the school district-level for this population of exceptional students.

4.1. Definition

There is no national consensus as to the definition of this population of exceptionality. Within the national sample, 56% of school districts indicated that they have a written definition of the population appropriate for service in their programs; 47.2% of school districts used definitions that were identical to the definition mandated by the provinces while 52.8% used definitions that were equivalent to the provincial definition but developed locally. There is great diversity in the definitions that were provided by respondents. The population was defined: (a) in terms of the student behaviour exhibited; (b) in terms of the behaviour

exhibited with a time clause; (c) in terms of the behaviour exhibited and it's interference with learning; (d) in terms of specific behaviour disorders; (e) in reference to a behavioural disorder; (f) in terms of the referral process; (g) in terms of students at risk of failure or expulsion; (h) in terms of the program; (i) in terms of need; and, (j) in terms of teacher judgment. The variation found in defining this group of students is by no means a novel concern in the field. Professionals fear, however, that the lack of a universally accepted definition will hinder the development of services and research in this area (Csapo, 1981b).

4.2. Program Design and Operation

Regardless of the lack of an accepted definition, findings from this study indicate that in Canada, programming for behaviourally disordered students is available across all levels of schooling from preschool through the young adult years. Not all school districts surveyed provide services at each level of schooling and the type of service provided varies at each level, however, all responding school districts with programs do provide services at both the elementary and secondary level. Survey results reveal that the majority of school districts tend to use a variety of service delivery options within their programs which would indicate the use of a continuum of services model. Respondents indicate that 41% of school districts have formulated a written procedure specifying the steps for the movement of students between the types of services provided. Although only 33% of respondents indicated that there are sufficient service options within their programs, 78% of respondents felt that their program's design is adaptable to meet the needs of individual students.

Consultative services are found to be the most prevalent service delivery option provided by Canadian school districts. Respondents indicated that 92% of school districts at the elementary level and 84% of school districts at the secondary level use consultative services. Resource Room services are also used to a large extent. The self contained classroom, though, is

used by 33% of Canadian school districts at the elementary level and by 43% of Canadian school districts at the secondary level. These results substantiate Dworet and Rathgebers'(1990) conclusion that mainstreaming students continues to be a programming trend across Canada. Their concern and the concern of the researcher is that when a school district focuses on mainstreaming, students with severe behavioural disorders, who would benefit from a segregated setting, may not be appropriately placed and may not receive the appropriate service.

It is apparent from the current research that ancillary services are often made available to behavioural programs by most Canadian school districts either as part of the program or by contracting the services. School guidance/counselling services are made available by the majority (87%) of school districts and contracted by 7% of school districts, thus indicating their importance to programs across the country. Psychiatric services are available as part of program in 33% of school districts and contracted by 25%.

4.3. Program Philosophy

The significance of a well conceptualized program philosophy is widely recognized in the literature regarding effective schools (Goodlad, 1979; Jones, 1987; McCauley, 1977). Professionals in the field of educating children with behavioural disorders suggest that philosophical consistency encourages effective program design and operation (Morse, 1976; Jones, 1987).

Included as part of the current study, respondents were asked if there was a prevailing philosophy upon which their program had been developed and to describe that program philosophy. Within the national sample, 85% of school districts indicated that there was a prevailing philosophy upon which their program had been developed. In the Western region, 67.2% of school districts indicated that there was a prevailing philosophy. In the Central region, 92% of school districts so indicated while in the Eastern region, 76.6% of school districts indicated that a prevailing philosophy had been developed.

Philosophy statements were provided by 68 school districts

and although diverse, reflect a willingness and commitment to educate behaviourally disordered students. The philosophy statements include specific themes; broad statements of belief, the description of specific techniques and service delivery options, and the reference to meeting children's needs in an enabling learning environment.

No one philosophy was accepted by a large majority of school districts. As vast as this country is, so are it's philosophies of education. In keeping with the trend to mainstream and integrate special students, school districts cited philosophy statements regarding the integration of behaviourally disordered students most frequently. Second were statements mandating that students be maintained within the regular program, and third were statements regarding the use of an array of services.

Within the category of program philosophy, respondents were asked to indicate the theoretical orientation that served as the programs' framework for intervention. Of those responding, 86.1% of school districts use the behavioural model in their programs, 62.4% using it in most or all of their classrooms or cases. Although the use of the behavioural model is widespread, it is not the only theory upon which programs base intervention. The psychoeducational model is used by 81.8% of Canadian school districts, 59% using it in most or all of their classrooms or caseloads. The cognitive behavioural or social cognitive model is used by 76.4% of Canadian school districts, 49.5% using it in most or all of their classrooms or cases. Interestingly, almost 70% of school districts indicated that their theoretical framework was eclectic. These results confirm that there are diverse and distinct perspectives regarding the nature and treatment of behavioural disorders. Although behaviourism continues to be the predominant theory upon which programs are based, an increasing number of school districts are basing programs on the social cognitive model. Social cognitive theory, and intervention techniques compliment the trend toward maintaining students in the mainstream.

4.4 Student Identification

The procedures employed by Canadian school districts in the area of student identification are fairly well articulated and as the responses of the survey indicate, the most comprehensive of the programming components. As previously reported, over half (56%) of the school districts surveyed have a written definition that describes the characteristics of the population appropriate for service by the program. Formal written eligibility criteria have been developed in 47% of the school districts surveyed, while 44% of school districts indicate the existence of assessment procedures. Most notably, 80% of Canadian school districts indicate the existence of written referral procedures. Regionally, 71% of western school districts, 100% of central school districts, and 82% of eastern school districts have designed these written referral procedures.

A wide variety of information is typically compiled when students are referred to programs. More than 95% of school districts indicate that information regarding (a) academic strengths and weaknesses; (b) current behavioural functioning; (c) prior intervention strategies; (d) current grade placement in relation to chronological age; and (e) family history is routinely collected. Over 85% of school districts also compile information pertaining to the student's intellectual ability, health information, and emotional stability. Once referred for services 68% of referred students are found eligible.

School districts surveyed report using a broad selection of measurement instruments as part of the assessment process. The instruments that most respondents reported as used "often" or "always" in the assessment process include: (a) anecdotal records; (b) direct observation of student behaviour; (c) parent interview; (d) behavioural checklists or rating scales; and, (e) discipline reports. Those instruments reported by respondents as used less frequently include informal tests, intelligence tests, and standardized tests. Assessment practices have noticeably shifted from academic testing and projective approaches to behavioural or social cognitive assessment techniques (Zable, Peterson, Smith, & White, 1982; Executive Committee of the Council for Children with

Behavioral Disorders, 1989b).

Respondents rated factors that may influence the decision concerning a student's eligibility for service. The factors rated the most influential in determining student eligibility are concerned with the students' overt behaviour, the discrepancy between the students' behaviour and normative standards, and the intervention strategies already attempted. When examined regionally, the factors rated most influential in the decision making process mirror the national results. In addition, Eastern respondents consider the type of services available when determining student eligibility.

Respondents were also asked to rate the degree to which specific factors influence the placement of behaviourally disordered students into a particular type of service. In Canadian school districts when making placement decisions, the level of a student's functioning is the factor most considered. The type of service available and prior intervention strategies are also influential in determining the placement of the student.

Respondents were also queried about the involvement of regular education administrators in the decision making process concerning programs for behavioural disordered students. Results indicate that regular education administrators are responsible for suspension of behavioural students, hiring of teachers for behavioural programs, and for the timing of a student's integration.

4.5 Program Goals

The general aims and purposes to be accomplished by a program are commonly referred to as program goals (Grosenick, et al., 1985). Over 50% of Canadian school districts report (a) the existence of written program goals describing the aims and purposes of the behavioural program, and, (b) that the goals are operationalized by a set of policies and procedures.

Respondents were asked to rate the degree to which specific areas were emphasized as goals for students in the program. Within the national sample, 95.9% of school districts strongly emphasize behavioural concerns as goals for students, 89.7% of school

districts strongly emphasize social concerns, and 83.5% strongly emphasize affective and/or emotional concerns as goals. In all three regions, the areas of behavioural concerns, social concerns, and affective and/or emotional concerns are strongly emphasized. It is apparent that in Canadian programs for behaviourally disordered students there is a shift away from academic and vocational goals to the social and affective areas.

Student goals are currently reviewed and revised by over 96% of school districts. Of those school district indicating that they do review and revise goals, 33% review monthly, 24% review semi-annually, and 14% review annually. The remainder of school districts (19.8%) indicated that they reviewed student goals as required, ongoing, every two to three weeks, or every three to four months. The majority of school districts in the Western region review monthly, in the Central region, annually, and in the Eastern region, semi-annually.

4.6 Instructional Methods and Curriculum

Only 27% of survey respondents indicated that they have a written curriculum that guides teachers in curricular planning. This would suggest that curriculum is often developed by the individual teacher specifically for individual students or groups of students.

Respondents were asked to rate the degree to which specific curriculum areas are emphasized as part of their program's curriculum. The areas strongly emphasized in behavioural programs are behavioural skills, social skills, communication skills, self-help skills, and academic skills. Programming is also provided in the areas of generalization, affective skills, and vocational skills.

Survey findings reveal that programs incorporate a variety of intervention strategies including: cognitive behavioural techniques, behaviour management strategies, time out/quiet room, crisis management and social skills training. These findings, too, are consistent with the trend toward mainstreaming as teachers seem to be emphasizing skills and competencies necessary for successful mainstreaming.

4.7 Community Involvement

Community involvement pertains to the nature and degree to which the behavioural program interacts with the community (Grosenick et al, 1985). Of the components presented within the current study, community involvement is the least developed. Although, 76% of Canadian school districts indicate that they do employ staff whose job descriptions specify that they play a liaison role within the community, only 15% of respondents indicated the existence of a written policy regarding community involvement. Despite the trend toward multi-disciplinary involvement, without a policy, it would appear that personnel outside the school district are not routinely involved with programs for behaviourally disordered students. According to Forness (1988), a number of obstacles, including: conflicting mandates for service, competitiveness among agencies, and the lack of experience in interagency collaboration are responsible for the lack of involvement within the community. Considering the increase in school-related violence, the increase in the youth crime rate, and the difficulties experienced by families, it would be to the benefit of both the community and the school to develop a positive working relationship that encourages community responsibility and accountability.

4.8 Exit Procedures

As previously discussed, the majority of surveyed school districts have developed comprehensive referral and assessment procedures available in written form, yet, only 29% of school districts have articulated written exit procedures. It is generally the larger school districts in all regions and those in metropolitan areas that have developed written exit procedures. Interestingly, the plans for the integration of students into the regular education program are addressed in Individualized Education Plans (IEPs) in 90% of responding school districts.

Although only a small percentage (21%) of school districts indicated the existence of written exit criteria, respondents did identify factors influential in measuring a student's readiness to

leave the program. Documented change in a student's behaviour is the most salient factor used when considering student exit. The readiness of the regular education environment as well as the availability of related services were also identified as important factors when making student exit decisions. Survey data demonstrates that teachers of behaviourally disordered students, parents, and regular education administrators are the people most actively involved in the decision making process concerning the exit of students. Respondents indicate that between 3 to 100% of students exit behavioural programs each year, the national average being calculated at 39%.

4.9 Program Evaluation

Respondents indicated that the criteria used to judge the success and effectiveness of programs for behaviourally disordered students should include (a) student progress while in the behavioural program; (b) student success in regular education; and, (c) student movement to less restrictive types of service. However, only 28% of school districts indicated that they had comprehensive, written program evaluation plans. It is suggested by Grosenick, George, George, and Lewis (1991) that the reluctance to evaluate services could stem from (a) insufficient staff time, (b) insufficient staff skill, (c) lack of technical assistance, (d) lack of consensus as to what constitutes program success, and (e) an ambiguous attitude regarding evaluation.

The findings from the current study indicate that Canadian school districts are beginning to describe their program practices. Over 40% of school districts have written program descriptions in the areas of philosophy, student needs and identification, program goals and program design and operations. Only 25% have established written descriptions in the areas of instructional methods and curriculum, exit procedures and evaluation. It is argued that to establish a well planned evaluation process, it is necessary to acquire as much information as possible, so that a clear analysis of how well a program meets its goals and aims can be developed. Detailed program information can be obtained by developing comprehensive written program

descriptions (Morris & Fitz-Gibbon, 1978). Without detailed program descriptions it is difficult if not impossible to evaluate programs. In view of the numbers of children receiving service, the numbers of children who require service, the number of programs in existence, and the financial restraints imposed on school districts it is only responsible for school districts to evaluate their programs. Program evaluation provides decision making power that leads not only to improving programs designed for behaviourally disordered children and youth but also allows programs to have a positive effect on the students served.

5. IMPLICATIONS AND RECOMMENDATIONS

5.1 Implications for Further Research

Canada is a country of diverse geographical, political, and cultural areas. Replicating this study to include school districts from the Yukon and Northwest Territories as well as from French speaking Canada is essential in establishing a complete baseline of current, Canadian program descriptions of programs for behaviourally disordered students.

The role of the teacher was not addressed in this study, yet when respondents were asked to provide specific areas of strengths within their programs, the quality of staff, their training, knowledge, commitment, and attitude was frequently cited as contributing to the effectiveness of programs. Conversely, respondents listed teacher training, inservice, and numbers as concerns when asked to discuss areas in need of improvement within their programs. From these comments it can be assumed that teachers play a central role in program design and implementation. Studying the teacher's role from university training to program evaluation would add a needed dimension in describing Canadian programming for behaviourally disordered children.

In Canada, education is a provincial/territorial responsibility. Each province and territory has a mandate for special education service delivery that includes provisions for behaviourally disordered students. Comprehensive program descriptions and comparisons at the provincial level would be of benefit to the field of educating behaviourally disordered children and youth in Canada.

Considering that the present study was based on the 1985 American study conducted by the National Needs Analysis Project in Behavioural Disorders, results can lead to a comparative study with the United States.

5.2 Educational Implications

The purpose of this study was to investigate and describe Canadian school district-level programming practices for behaviourally disordered children and youth. In doing so, the researcher has established a baseline of current Canadian program descriptions that can facilitate program replication efforts, encourage program improvements, and has the potential to ensure program consistency. The results of the present study can lead to the designing of an evaluation instrument specifically focussed on evaluating program practices in Canadian programs for behaviourally disordered children and youth and ultimately designing programs that best educate this challenging population of student.

5.3 RECOMMENDATIONS

In view of the large quantity of data presented in this study, the researcher recommends that the document be used to facilitate and encourage dialogue between professionals responsible for programs designed specifically for children with behavioural disorders.

It is recommended that school divisions review their mainstreaming and/or integration policy and how it effects service delivery for this population of student. It would be beneficial to compare the effectiveness of the self contained classroom, the resource room, and consultation services as service delivery options with respect to mainstreaming policy. Professionals are also encouraged to become well acquainted with the social cognitive theoretical framework and with the skill training processes included within that framework that best complement mainstreaming and/or integration.

School divisions are strongly encouraged to formulate written program descriptions in terms of the components: program philosophy, student needs and identification, goals, instructional methods and curriculum, community involvement, program design, and operation, exit procedures, and evaluation. Written descriptions enable school divisions in developing both comprehensive programs, and program evaluation procedures.

5.4 Conclusion

Despite the controversies inherent in the field of education for behaviourally disordered children and youth, the lack of a universally accepted defintion; the variation in terminology; the inconsistent prevalence figures; the diverse conceptual models and educational approaches; the paucity of research; and despite the challenges that behaviourally disordered children present to educators, most Canadian school districts provide service to this population of student. The response received for the present study reinforces the importance of establishing a Canadian research base in the area of school district programming for behaviorally disordered students. In describing current program practices the study provides the framework from which school districts can develop comprehensive programs, can institute program evaluation procedures and can encourage dialogue between professionals. It is the exchange of information that will lead to responsible decision making, thus enhancing the education of behaviourally disordered children and youth.

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